

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
04-007

2. STATE
Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
07-01-2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1931 of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 04 \$ 0
b. FFY 05 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Supplement 12, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Supplement 12, Page 2

10. SUBJECT OF AMENDMENT:

Eligibility under Section 1931 of the Social Security Act

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *gm*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Steve Roling

13. TYPED NAME:

Steve Roling

14. TITLE:

Director, Department of Social Services

15. DATE SUBMITTED:

16. RETURN TO:

Denise Cross, Director
Family Support Division
P.O. Box 2320
Jefferson City, MO 65103

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 30, 2004

18. DATE APPROVED:

NOV 05 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Thomas W. Lenz

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

 The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Resources above the July 16, 1996 resource maximum are disregarded.

Disregard, up to 100% of the Federal Poverty Guidelines, the gross earned income of the adult parent(s) with whom a minor parent is residing for the purpose of determining eligibility of the minor parent.

Disregard earned income of parent caretakers under age 19 who are full-time students for purposes of eligibility and benefit determination.

Disregard all income of the family participating in a wage supplementation program.

Income above the state's July 16, 1996 AFDC standard that does not exceed 75% of the federal poverty level (as revised annually in the federal register effective April 1 of each year) is disregarded.

The needs and income of a step-parent are included in determining eligibility, if deemed step-parent income causes ineligibility. A step-parent's needs and income are excluded when determining a child's eligibility, if the step-parent income would cause a child to be ineligible.

TN No. MS-04-07 Approval Date **NOV 05 2004** Effective Date 7-1-2004

Supersedes TN No. MS-02-15